

Missouri

DMH Net

DISEASE MANAGEMENT INITIATIVE

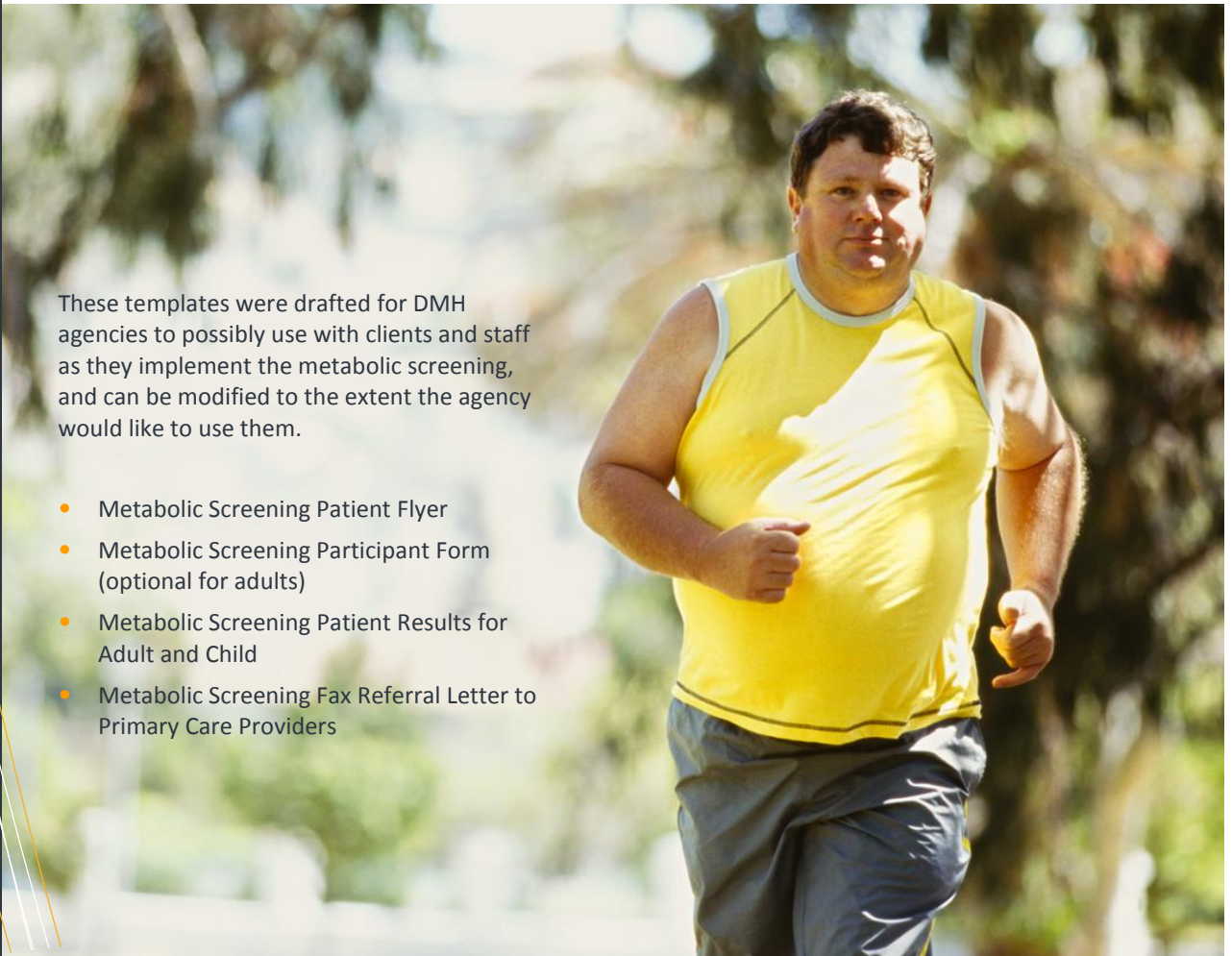


Metabolic Syndrome

SUPPLEMENTAL TEMPLATES

These templates were drafted for DMH agencies to possibly use with clients and staff as they implement the metabolic screening, and can be modified to the extent the agency would like to use them.

- Metabolic Screening Patient Flyer
- Metabolic Screening Participant Form (optional for adults)
- Metabolic Screening Patient Results for Adult and Child
- Metabolic Screening Fax Referral Letter to Primary Care Providers





pre-diabetes SCREENING

23.6 MILLION

children & adults have
Diabetes, and...

5.7 MILLION

don't know they have it!

AND THEN THERE ARE

57 MILLION PEOPLE

that have *PRE-DIABETES*

THE GOOD NEWS!

Pre-diabetes can be treated and managed
to delay or even prevent type 2 diabetes
from developing.

Diabetes is a disease that keeps your body from turning the food you eat into the energy you need. If left untreated, Diabetes can cause severe harm to your eyes and feet. It can also lead to heart and kidney disease, which is life-threatening.

Pre-diabetes can be managed to prevent type 2 diabetes from developing. A simple blood glucose test can identify your risk of developing diabetes, and allow you to take steps to prevent it.

As part of a statewide
Disease Management Initiative

Your community mental health center will screen for pre-diabetes in people at risk for developing this disease. Starting January 1, 2010 this screening will be offered to qualified clients participating in a community psychiatric rehab program. The Department of Mental Health and your community mental health center is providing this screening as part of a statewide movement to promote healthy living.



For more information about pre-diabetes, complications
and treatment visit the **American Diabetes Association**
at www.diabetes.org.

pre-diabetes SCREENING

Participant Form

The pre-diabetes screening is **FAST** and **SIMPLE**. There are only a few things that are checked...

- ✓ Vitals (height, weight, waist circumference)
- ✓ Blood pressure
- ✓ Blood glucose levels (finger stick blood draw)
- ✓ Cholesterol levels

A qualified nurse from your community mental health center will assist you in getting the lab data necessary to determine if you are at risk for developing diabetes. These tests may be administered at a local physician's office or at your community mental health center.

PARTICIPANT / GUARDIAN CONSENT

Participant Name: _____

☐ YES! I give permission for the participant named above to be screened for pre-diabetes.

Participant / Guardian Signature

Date

Name Printed

OPT-OUT NOTICE

Participant Name: _____

☐ No, I do not wish to be screened for pre-diabetes.

Participant/Guardian Signature

Date

Signature of Witness:

[agency Logo]

pre-diabetes

SCREENING RESULTS

Congratulations, _____ on taking
an important step to managing your health care!

A qualified nurse will help you understand the results of your labs completed on
_____ (date).

Your

Height is _____ (inches)

Weight is _____ (pounds)

BMI is _____

- * If your BMI is under 25, you should be monitored once a year.
- * If your BMI is over 25, then please make an appointment with your primary care physician for education on weight management and exercise.

Your

Waist Circumference is _____ (inches)

- * Men with a waist circumference under 40, and women under 35, should be monitored 4 times a year.
- * If your waist circumference is over 40 for men or over 35 for women, then please make an appointment with your primary care physician for education on weight management and exercise.

Your

Blood Pressure is _____

- * If your blood pressure is below 130/85, then you should be monitored once a year.
- * If your blood pressure is above 130/85, then please make an appointment with your primary care physician for follow up care.

Your

Fasting blood sugar is _____

Hemoglobin A1c is _____

- * If your fasting blood sugar is below 100, then you should be monitored once a year.
- * If your fasting blood sugar is between 100 and 125, you will need to be monitored 4 times a year.
- * If your fasting blood sugar is above 125, then please make an appointment with your primary care physician for follow up care.

Your Lipid Panel Results are:

Total Cholesterol _____

Triglycerides _____

LDL _____

HDL _____

- * If your LDL is below 130, HDL above 40 and Triglycerides below 150, then you should be monitored once a year.
- * If your LDL is above 130, HDL is below 40 and Triglycerides are above 150, then please make an appointment with your primary care physician for follow up care.

pre-diabetes SCREENING RESULTS



**Congratulations on helping children take an
important step to managing their health care!**

A qualified nurse will help you understand the results of the labs completed on

_____ (date) for _____ (name).

Your

Height is _____ (inches)

Weight is _____ (pounds)

BMi is _____

Under 10 years of age

- * If your weight percentile is under 90%, you should be monitored 4 times a year.
- * If your weight percentile is over 90%, then please make an appointment with your primary care physician for education on weight management and exercise.

10-17 years of age

- * If your weight percentile is under 85% for age and gender, you should be monitored 4 times a year.
- * If your weight percentile is over 85% for age and gender, then please make an appointment with your primary care physician for education on weight management and exercise.

Your

Waist Circumference is _____ (inches)

- * Men with a waist circumference under 40, and women under 35, should be monitored 4 times a year.
- * If your waist circumference is over 40 for men or over 35 for women, then please make an appointment with your primary care physician for education on weight management and exercise.

Your

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[agency logo]

FAX Referral

Metabolic Syndrome

[agency name]

Consultation / Referral for Metabolic Syndrome

Page 1 of __

Date: _____

To: _____ Fax: _____

Referring:

Patient Name: _____ DOB: _____

For: As of January 2010, the Dept. of Mental Health issued a new policy that requires mental health agencies to screen clients for metabolic syndrome in effort to reduce the mortality gap of this population due to preventable and treatable chronic diseases such as diabetes. [agency name] has screened the patient above for metabolic syndrome. Their lab results, recorded on attached screening form, indicates that this patient is at risk, or has results indicating possible diabetes according to the MO state screening guidelines for Pre-Diabetes & Diabetes, and this patient needs immediate follow-up with a primary care physician.

Referring provider signature

Patient Appointment Preference: (circled below) ☐ No Preference

Monday Tuesday Wednesday Thursday Friday AM or PM

Fax Submitted By: _____

Phone #: _____

Fax #:

Attachment:

Dept. of Mental Health Metabolic Syndrome Screening and Monitoring Tool

PATIENT REFERRAL : METABOLIC SYNDROME